



3

PTO/SB/01 (06-03)  
Approved for use through 07/31/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

|   |  |                           |   |  |              |
|---|--|---------------------------|---|--|--------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>  |  |                           |   | OR <input type="checkbox"/> Correspondence address below |              |
| Name<br>Gary McAfee   |  |                           |   |  |              |
| Address<br>2614 Bayview Dr.   |  |                           |   |  |              |
| City<br>Alameda   |  |                           | State<br>CA   |  | ZIP<br>94501 |
| Country<br>Alameda  |  | Telephone<br>510-522-5617 |   | Fax  |              |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                           |   |  |              |
| NAME OF SOLE OR FIRST INVENTOR:   |  |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |
| Given Name<br>(first and middle [if any])<br>Gary Wayne   |  |                           |   | Family Name<br>or Surname<br>McAfee                      |              |
| Inventor's Signature<br><i>Gary McAfee</i>  |  |                           |   | Date<br>Sept, 29 2003                                    |              |
| Residence: City<br>Alameda  |  | State<br>Calif            |   | Country<br>Alameda                                       |              |
| Citizenship<br>U.S.   |  |                           |   |  |              |
| Mailing Address<br>2614 Bayview Dr.   |  |                           |   |  |              |
| City<br>Alameda   |  | State<br>Calif            |   | ZIP<br>94501   |              |
| Country<br>Alameda  |  |                           |   |  |              |
| NAME OF SECOND INVENTOR:  |  |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |
| Given Name<br>(first and middle [if any])   |  |                           |   | Family Name<br>or Surname                                |              |
| Inventor's Signature  |  |                           |   | Date   |              |
| Residence: City   |  | State                     |   | Country  |              |
| Citizenship   |  |                           |   |  |              |
| Mailing Address   |  |                           |   |  |              |
| City  |  | State                     |   | ZIP  |              |
| Country   |  |                           |   |  |              |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.  |  |                           |   |  |              |